

Vendor Monitoring Form

Kansas WIC Program

Date of visit _____ KWIC Vendor #: _____ Email _____

Vendor Name _____

Address _____

Phone # _____ County _____

Store Manager _____ Number of front-end cash registers: _____

Reason for visit: ☐ Annual ☐ Complaint ☐ Random ☐ Contract Renewal ☐ Other _____

Things to take with you to a monitoring visit: ☒ Vendor Monitoring Form ☒ Vendor Product Inventory

Local Agency: _____ Name of LA staff: _____

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1. Procedures:

	YES	NO
a. Does the vendor know whom to contact in the event of problems or questions?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the vendor know where the Request for Reimbursement form is located?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the vendor know how to submit a WIC check for reimbursement to the SA?	<input type="checkbox"/>	<input type="checkbox"/>

2. Materials:

a. Does the vendor have a current Vendor Manual?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the vendor have adequate copies of the vendor WIC Program Booklet?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the vendor have a Kansas WIC logo posted at entrance?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the vendor stamp produce a clear and legible impression?	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the vendor display WIC shelf tags to identify WIC approved items?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do cashiers get an opportunity to read the Vendor Newsletters?	<input type="checkbox"/>	<input type="checkbox"/>

3. Checks and Cash Register Receipts:

a. Does the vendor have WIC checks to review?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the vendor have cash register receipts to review?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to either, complete Check and Receipt Review.

4. Technical Assistance

a. Was technical assistance provided to this vendor?	<input type="checkbox"/>	<input type="checkbox"/>
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5. Follow-Up

a. Is a follow-up visit needed to verify compliance?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, date follow-up will be conducted: _____

6. Cash Register System

a. Does the vendor have a contractor in place to manage their front end system?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, what company ☐ RDS ☐ CRS ☐ NCR

☐ Total Retail Sales ☐ IBM ☐ Corp office

☐ Other Company Name: _____

Contact Person for Contractor: _____

Phone number: _____

Email: _____

7. Sanctions and Contract Violations:

- a. Does the vendor have less than 10 findings in the previous year? _____
- b. How many letters did the LA issue to this vendor during the past year? _____
- c. How many complaints were lodged against this vendor during the past year? _____
- d. How many WIC clients redeemed checks at this vendor in the month of May? _____

8. Store Ownership

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Cooperative ☐ LLC
☐ Publicly Owned Corporation ☐ Privately Held Corporation ☐ Government Owned (commissary)

If the store is a publicly owned corporation, privately held corporation, or government owned, go to #9.

Print the primary owner (s) name, address and phone number.

Owner: _____ Owner: _____

9. Is this store a franchise? Yes ☐ No ☐

If yes, please provide the name of the Corporation or franchise.

10. Primary Wholesaler

Please indicate the vendor's primary wholesaler.

- | | |
|--|--|
| <input type="checkbox"/> Affiliated Foods, KS | <input type="checkbox"/> Hy-Vee Warehouse |
| <input type="checkbox"/> Affiliated Foods, NE | <input type="checkbox"/> Nash Finch |
| <input type="checkbox"/> Affiliated Foods, TX | <input type="checkbox"/> Peyton's Fountain (Dillon's Stores) |
| <input type="checkbox"/> Associated Wholesale Grocers (AWG) KS | <input type="checkbox"/> Target Distribution Center #3803 KS |
| <input type="checkbox"/> Associated Wholesale Grocers (AWG) MO | <input type="checkbox"/> Wal-Mart Distribution Center #6065 MO |

If primary wholesaler is not listed above, please print the name, complete address, and phone number:

11. Infant Formula Wholesaler

Does the vendor receive infant formula from their primary wholesaler? Yes ☐ No ☐

If no, please write the name, complete address and phone number of the distributor below:

Check and Receipt Review

Check Number	Signature present	Actual Purchase Date appropriate	Correct foods sold (As per check)	Dollar amount written on FVC equal or less than amount of FVC	Cashier initials present
1.	Y N	Y N	Y N	Y N N/A	Y N
2.	Y N	Y N	Y N	Y N N/A	Y N
3.	Y N	Y N	Y N	Y N N/A	Y N
4.	Y N	Y N	Y N	Y N N/A	Y N
5.	Y N	Y N	Y N	Y N N/A	Y N

Follow up action is required if any checks are found to be altered, missing information or if incorrect products are purchased.

Check Number	Describe alterations, what information is missing or illegible or what incorrect products were purchased (include price difference)	Follow-up Action taken by LA

Receipt Review (Receipts should provide specific transaction information)

Check Number	Appropriate Foods Purchased	If incorrect foods were purchases, please list	Identifiable as a WIC transaction	Tax charged
	Y N		Y N	Y N
	Y N		Y N	Y N
	Y N		Y N	Y N
	Y N		Y N	Y N
	Y N		Y N	Y N